

SERIAL NUMBER 09/040,485	FILING DATE 03/17/98	CLASS 530	GROUP ART UNIT 1643	ATTORNEY DOCKET NO. 8998/3
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ATTORNEY

JAMES A. RADOSEVICH, ROCKFORD, IL.

****CONTINUING DOMESTIC DATA*******

VERIFIED

JB

None

****371 (NAT'L STAGE) DATA*******

VERIFIED

JB

None

****FOREIGN APPLICATIONS*******

VERIFIED

JB

None

FOREIGN FILING LICENSE GRANTED 04/13/98

***** SMALL ENTITY *****

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IL	SHEETS DRAWING 3	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 7
Verified and Acknowledged <u>JB</u> Examiner's Initials		Initials			

ADDRESS	Alice O. Martin	ATTORNEY
	BARNES & THORNBERG 200 West Madison Street, Suite 200 Chicago, Illinois 60606	

~~GENE ENCODING A NOVEL MARKER FOR CANCER~~

Inc F Cancer Marker Protein and Peptides thereof

FILING FEE RECEIVED \$559	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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SERIAL NUMBER <p style="text-align: center;">09/040,485</p>	FILING DATE <p style="text-align: center;">03/17/98</p>	CLASS <p style="text-align: center;">530</p>	GROUP ART UNIT <p style="text-align: center;">1643</p>	ATTORNEY DOCKET NO. <p style="text-align: center;">8998/3</p>
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APPLICANT

JAMES A. RADOSEVICH, ROCKFORD, IL.

****CONTINUING DOMESTIC DATA*******
VERIFIED

****371 (NAT'L STAGE) DATA*******
VERIFIED

****FOREIGN APPLICATIONS*******
VERIFIED

FOREIGN FILING LICENSE GRANTED 04/13/98
***** SMALL ENTITY *****

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Initials Initials </div>	STATE OR COUNTRY IL	SHEETS DRAWING 3	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 7
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ADDRESS

BRINKS HOFER GILSON AND LIONE
NBC TOWER
SUITE 3600
POST OFFICE BOX 10395
CHICAGO IL 60610

TITLE

GENE ENCODING A NOVEL MARKER FOR CANCER

FILING FEE RECEIVED <p style="text-align: center;">\$559</p>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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